

Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Sheila Pomeroy

DATE: June 22, 2001

RE: Utilization of Atypical Anti-psychotic Medication by CRT Clients

On January 12, we distributed an overview of rates of utilization of new generation "atypical" anti-psychotic medications by clients of CRT programs in Vermont (<http://www.state.vt.us/dmh/data/PIPs/2001/pip011201.pdf>). The use of atypical anti-psychotics is one of the performance indicators we are preparing for the Sixteen State Performance Indicator Project. The reporting specifications for this project also include reporting of utilization rates for people in different demographic and clinical categories. The analysis presented this week examines differences in utilization rates for men and women within two broad diagnostic categories: people with a diagnosis of schizophrenia and people who do not have a diagnosis of schizophrenia.

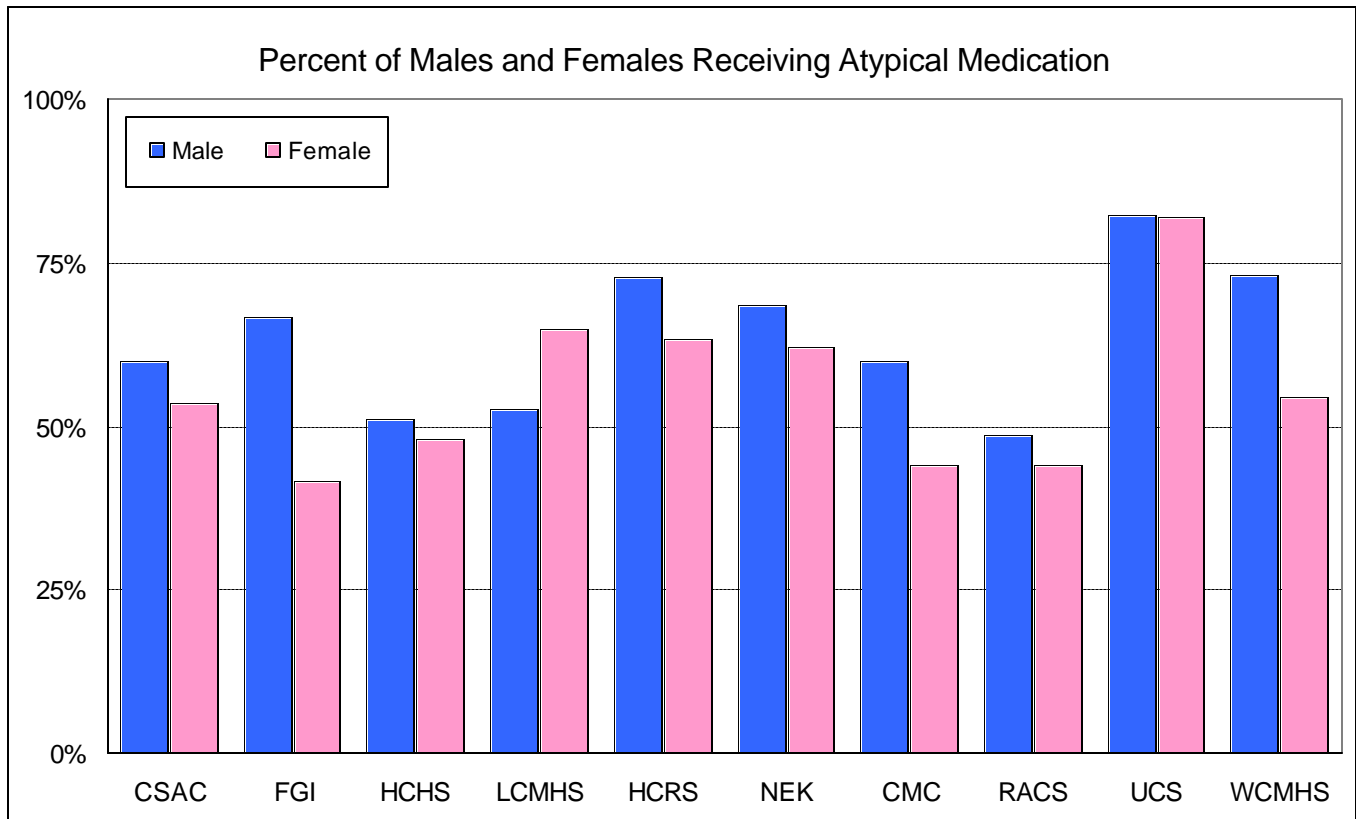
The information used in this analysis was obtained from a combination of the Medicaid paid claims database and the Monthly Service Report data submitted to DDMHS by designated community mental health agencies. A description of the basic procedures for analyzing the Medicaid data is provided in the December 8 PIP (<http://www.state.vt.us/dmh/data/PIPs/2000/pip120800.pdf>). For this analysis, the Medicaid data were linked with the MSR data to obtain information on program assignment and diagnosis.

As you will see, CRT clients with schizophrenia were more likely to receive atypical anti-psychotic medications than clients with other diagnoses, although this difference is greater for men (60% vs. 35%) than for women (54% vs. 41%).

Gender differences within diagnosis groups, however, do not follow a simple pattern. Men with a diagnosis of schizophrenia were more likely to receive atypical anti-psychotic medications than women with a diagnosis of schizophrenia in six of our ten CRT programs (women were more likely to receive atypical anti-psychotics in only one CRT program). This pattern is reversed when we examine treatment patterns for CRT clients who do not have a diagnosis of Schizophrenia. In this group, women were more likely to receive atypical anti-psychotic medications than men in five of our ten CRT programs (men were more likely to receive Atypical anti-psychotics in only one CRT program).

We look forward to your comments and interpretation of these findings, and your suggestions for further analysis of these data. As always, you can reach us at 802-241-2638 or jpandiani@ddmhs.state.vt.us.

CRT Medicaid Clients With Schizophrenia Diagnosis Receiving Atypical Anti-Psychotic Medications Paid for by Medicaid By Clinic : FY1999



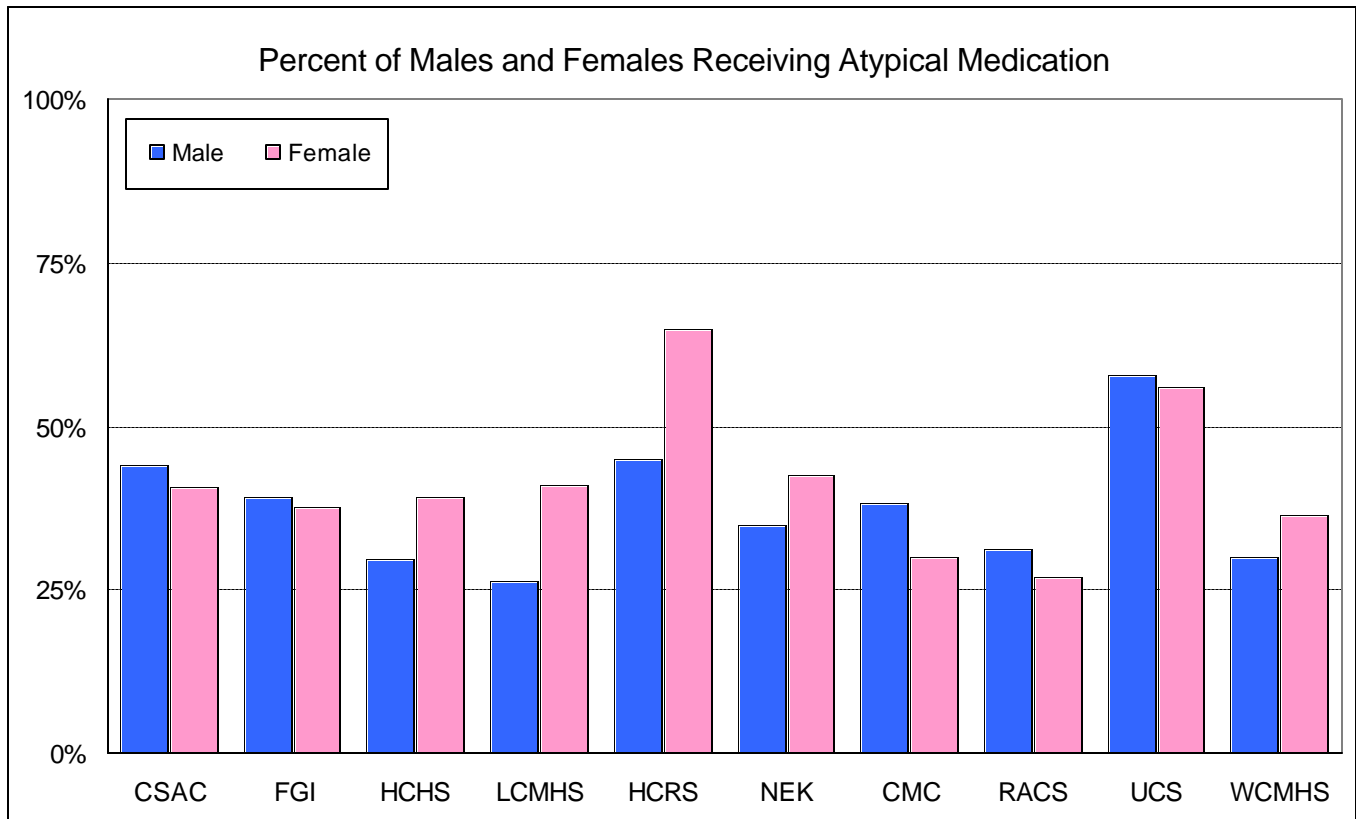
Clinic		CRT Medicaid Clients with Schizophrenia Diagnosis			Gender					
					Male			Female		
		Total	Receiving Atypical Anti-Psychotic Medication		Total	Receiving Atypical Anti-Psychotic Medication		Total	Receiving Atypical Anti-Psychotic Medication	
			Number	Percent		Number	Percent		Number	Percent
Addison - CSAC	58	33	57%	30	18	60%	28	15	54%	
Northwest - NCSS	78	43	55%	42	28	67%	36	15	42%	
Chittenden -HCHS	264	132	50%	168	86	51%	96	46	48%	
Lamoille -LCMHS	75	44	59%	38	20	53%	37	24	65%	
Southeast -HCRSSV	41	28	68%	22	16	73%	19	12	63%	
Northeast -NEK	107	70	65%	57	39	68%	50	31	62%	
Orange -CMC	45	23	51%	20	12	60%	25	11	44%	
Rutland -RACS	137	64	47%	78	38	49%	59	26	44%	
Bennington -UCS	61	50	82%	28	23	82%	33	27	82%	
Washington -WCMHS	192	122	64%	93	68	73%	99	54	55%	
Total	1058	609	58%	576	348	60%	482	261	54%	

Based on analysis of Medicaid Paid Claims files.

Atypical Anti-Psychotic Medications include Clozapine, Risperidone, Olanzapine, and Quetiapine.

Schizophrenia diagnosis includes DSM IV codes 295.00 thru 296.00.

CRT Medicaid Clients With No Schizophrenia Diagnosis Receiving Atypical Anti-Psychotic Medications Paid for by Medicaid By Clinic : FY1999



Clinic		CRT Medicaid Clients with No Schizophrenia Diagnosis			Gender					
					Male			Female		
		Total	Receiving Atypical Anti- Psychotic Medication		Total	Receiving Atypical Anti- Psychotic Medication		Total	Receiving Atypical Anti- Psychotic Medication	
			Number	Percent		Number	Percent		Number	Percent
Addison	- CSAC	79	33	42%	25	11	44%	54	22	41%
Northwest	- NCSS	105	40	38%	41	16	39%	64	24	38%
Chittenden	-HCHS	265	91	34%	135	40	30%	130	51	39%
Lamoille	-LCMHS	41	14	34%	19	5	26%	22	9	41%
Southeast	-HCRSSV	80	46	58%	29	13	45%	51	33	65%
Northeast	-NEK	204	81	40%	72	25	35%	132	56	42%
Orange	-CMC	41	14	34%	21	8	38%	20	6	30%
Rutland	-RACS	141	40	28%	48	15	31%	93	25	27%
Bennington	-UCS	103	58	56%	26	15	58%	77	43	56%
Washington	-WCMHS	201	68	34%	77	23	30%	124	45	36%
Total		1260	485	38%	493	171	35%	767	314	41%

Based on analysis of Medicaid Paid Claims files.

Atypical Anti-Psychotic Medications include Clozapine, Risperidone, Olanzapine, and Quetiapine.

Schizophrenia diagnosis includes DSM IV codes 295.00 thru 296.00.